USAID/Food By Prescription

Back to Work Initiative Operations Manual:

Implementation in Ethiopia

Based on the Experience from the Pilot Program in Tigray Region

April 2014

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Acronyms & Abbreviations

ALTEX	Almeda Textile, P.L.C.
ART	Antiretroviral Treatment
BWI	Back to Work Initiative
CBHC	Community-Based Health Care
CCD	Child Care and Development
CSR	Corporate Social Responsibility
DNP+	Network of HIV Positive People
EFFORT	The Endowment Fund for the Rehabilitation of Tigray
ES	Economic Strengthening
HAPCO	HIV/AIDS Prevention and Control Office
HAPCSA	Hiwot HIV/AIDS Prevention, Care and Support Association
HIDA	Hiwot Integrated Development Association
HR	Human Resources
I-P	Implementing Partner
JHU	Johns Hopkins University
MENA	Mekdim Ethiopia National Association of PLWHA
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
Mums	Mums for Mums
NAP+	Network of Charitable Societies of HIV Positive Associations in Amhara
NEP+	Network of HIV Positives in Ethiopia
NGO	Non Governmental Organization
NOSAP+	Network of Southern Region Associations of HIV Positive People
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PLWHA	People Living With HIV/AIDS
ROH	Regional Office of Health
SNNPR	South Nations, Nationalities and People Region
TPLF	Tigray People's Liberation Front
TVET	Technical Vocational Education and Training
USAID	United States Agency for International Development

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The manual was drafted by Malini Tolat, a livelihoods advisor with Save the Children, US, with considerable input from private-sector partners, implementing partners, beneficiaries, government employees and Save the Children staff throughout Ethiopia. Additional assistance compiling information and writing the report was provided by David Kistin and Drew Tulchin of Social Enterprise Associates (socialenterprise.net). We hope that this manual will adequately illustrate the considerable efforts put forth by these stakeholders and that it will assist the Ethiopian Government and their partners should they continue to implement Back to Work at the regional or national level.

Background

Back to Work and Food By Prescription

In recent years, great progress has been made in reducing the prevalence of HIV in Ethiopia. Thanks largely to the efforts of the government, antiretroviral treatment (ART) coverage is greatly improved and HIV/AIDS awareness is nearly universal. Despite these gains, however, there are still over 750,000 people living with HIV/AIDS (PLHIV), including over 38,000 HIV-positive pregnant women.
Save the Children has been implementation the five-year PEPFAR-funded USAID/ Food by Prescription (FBP) program to address the needs of PLHIV. The program supports health facilities in Ethiopia to integrate nutritional assessment, counseling, and support (NACS) into comprehensive HIV prevention, care, and treatment services with the aim of improving uptake and adherence to anti-retroviral therapy and the nutritional and health status of people living with HIV and vulnerable children. Furthermore, the program seeks to strengthen economic resiliency of PLWH receiving nutrition services to prevent relapse into malnutrition.

The Back to Work Initiative (BWI) was developed to improve long term resilience of project beneficiaries by connecting recent graduates of nutritional support to direct employment and economic opportunities. These connections greatly increase the impact from previous interventions and ensure that FBP beneficiaries are more fully equipped to continue on a path to improved wellness.

On September 20, 2013, FBP entered its fifth and final year. The Back to Work Initiative began implementation in 2012. To date, Save the Children, in collaboration with seven regional implementing partners (I-Ps), has trained over 1,800 beneficiaries in 7 regions throughout Ethiopia. Of this 1,800, more than 1300 clients have been linked to direct employment and other economic opportunities, and more than 100 have been reemployed at previous jobs.

Project Implementation Framework

Throughout its 7 operational regions, Save the Children has implemented a broad framework for a common approach to BWI programing. This framework forms a starting

point for local programming, which varies slightly depending on the context, including specific capabilities of local government institutions, local I-Ps and local industry. The seven general components of the BWI implementation framework are as follows:

1. ***Partnership Development: NGO/Public Sector Outreach.***
   Step one is a key preparatory activity that is critical to the successful implementation of the program. This step is performed by Save the Children staff and is focused on developing partnerships with local I-Ps and government agencies to effectively implement the BWI program.

2. ***Labor Market Engagement:*** This step implemented in conjunction by Save the Children, Government and IPs focuses largely on collecting information and developing the private sector relationships needed to secure future economic opportunities for beneficiaries.

3. ***Beneficiary Enrollment:*** In this step, health facilities refer FBP graduates of nutritional support to I-Ps, who then provide a series of screenings and orientations to insure program efficacy. Screenings are often performed with the aid of public sector partners.

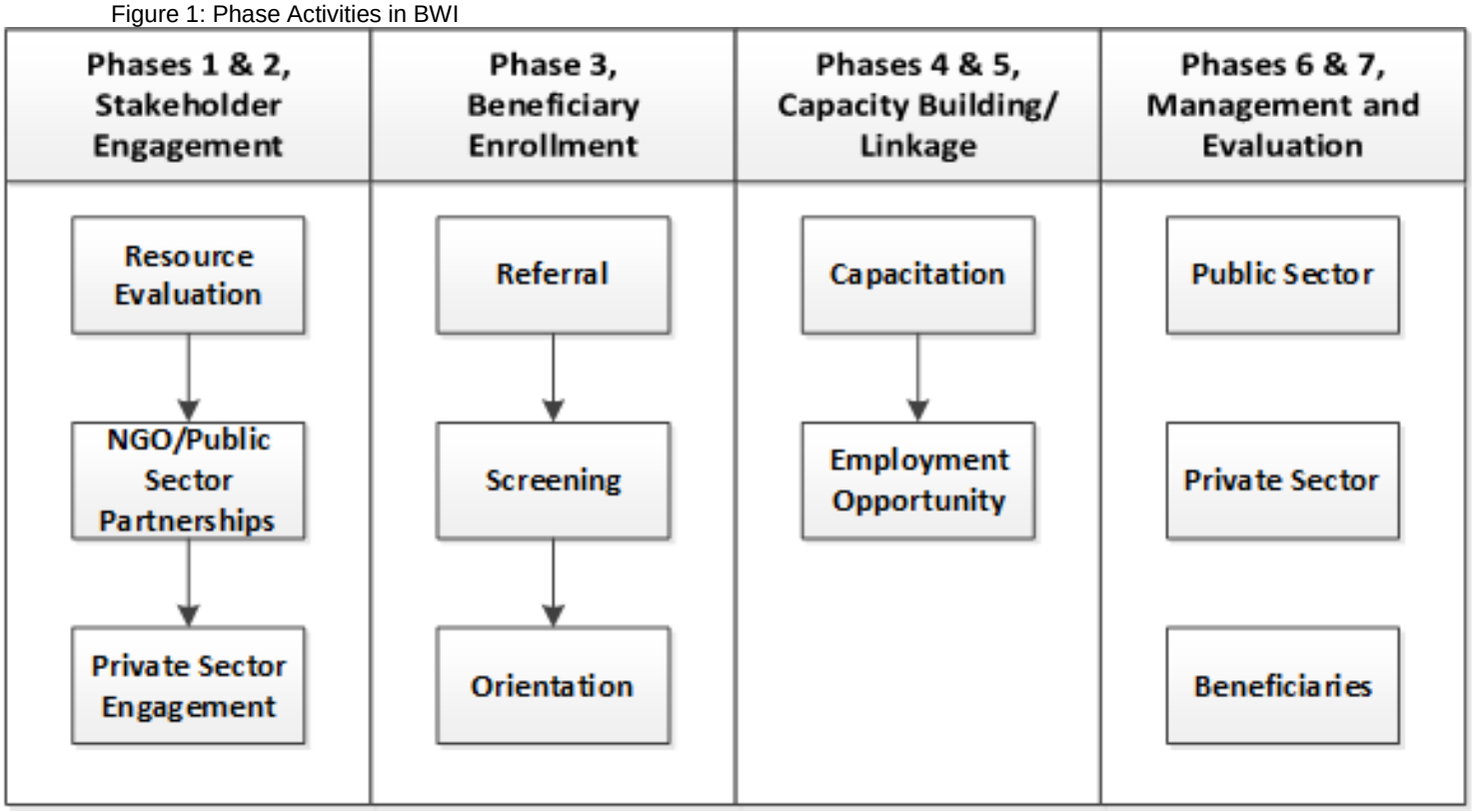
4. ***Capacity Building:*** This step includes a series of trainings to prepare beneficiaries for work opportunities. Courses include life skills, job skills , work ethics, and small business management, where applicable. Trainings are created and coordinated by I-Ps, local government offices and sometimes private sector partners.

5. ***Linkage***: After beneficiaries have been screened and trained, they are linked with work opportunities. There are five pathways to employment in the BWI model.

6. ***Case Management:*** This component is focused on evaluation, checking in with the government, with health sectors with companies and with beneficiaries themselves.

7. ***Program Evaluation:*** In this final step of program implementation, Save the Children in cooperation with IPs convenes all relevant stakeholders to evaluate the ultimate impact of BWI.

Figure 1: Phase Activities in BWI



Step 1: Partnership Development: NGO/Public Sector

The success of the Back to Work Initiative and the sustainability of its achievements hinges largely on effective partnerships between I-Ps, government stakeholders and private sector partners. This step summarizes the information and actions necessary to making initial connections with the first two, as these relationships lay the foundation for the entire program. Private sector partnerships will be addressed in the subsequent section, Labor Market Engagement.

Implementing Partners

Partnerships with effective IPs is imperative to the successful launch and scale-up of Back to Work. These organizations perform the ground-level work necessary for

successful implementation. The stated roles of the I-P partners are described in table 1, below. In general, an ideal candidate will have the following qualities:

1) ***Operational Capacity:*** I-Ps will be expected to conduct a broad range of activities, from intake and training to case management and program promotion. The ideal organization, then, must have the operational capacity to conduct the implementation of program activities at all levels.
2) ***Technical Capacity:*** Back to Work is focused inherently on both public health and economic strengthening. An ideal partner will have a proven track record working with livelihood development as well as substantial experience with Ethiopia's PLHIV population.
3) ***Convening Capacity***: One of the key roles for I-Ps in the Back to Work Initiative is convening stakeholders from different groups both public and private. An ideal organization will be capable of leading outreach efforts and facilitating effective linkages between the public and private sectors. In this capacity, an IP is essentially responsible for the growth and sustainability of the program and should demonstrate a strong background working with both segments of the economy.

Table 1: Roles and Responsibilities of Save the Children and Implementing Partners

Save the Children	• **Leads and provides coordination for all strategic activities** • **Responsible for M&E and overall quality assurance** • **Leads advocacy at national level with Government agencies and other stakeholders** • **Provides technical support to IPs**
Implementing Partners	**Day to day implementation of program interventions** • **Beneficiary selection** • **Outreach and sensitization** • **Organize capacity-building activities** • **Establish and facilitate necessary linkages, networks and liaisons** • **Case Management of enrolled BWI beneficiaries**

Public Sector Partners

Developing relationships with public sector partners is key to the success and eventual sustainability of Back to Work, as these partners are not only the main resource for connecting with the private sector but will also eventually provide the platform for long-term implementation. The principal government units involved in BWI and their role in

implementing the program remains relatively consistent across regions but there may be some variations based on the specific capabilities and interests at the local level. As a first step towards effectively engaging this sector, staff should conduct a mapping of the district level government entities to assess their interest and capacity to support the project. Based on capacity and interest in engaging, these steps will follow:

1) ***Map and assess service coverage.*** Identify and/or confirm the nature of services and coverage of individual government offices in each region.
2) ***Customize Interventions.*** Customize the interventions needed for program implementation based on the specific capabilities and interest of the individual units.
3) ***Confirm specific contact points.*** Identify and confirm the particular staff person contact points in each relevant office for specific activities.

Once this initial exercise has been performed, IPs in cooperation with Save the Children should reach out to the relevant contact points and establish a steering committee. The steering committee consists of representatives from all essential offices and is a crucial component to a number of program activities. It is also the body that is primarily responsible for ensuring continued implementation of BTWI after the close of Food by Prescription. The stated roles and responsibilities for the steering committees and government actors are listed in table 2, below.

Table 2: Roles & Responsibilities, Public Sector Stakeholders

Federal Ministry of Health (FMOH) Regional HIV/AIDS Prevention and Control Office (HAPCO) and Health Bureaus (RHB)	• **Leads overall implementation**
BWI Town Steering Committee	• **Active participation in beneficiary selection and approval** • **Active participation in identifying work opportunities and lobbying employer organizations** • **Facilitate & ensure the clients' access to capacity building trainings** • **Facilitate & ensure the clients' linkage to available work opportunities** • **Follow up and technical support** • **Primarily accountable for long term sustainability after life of the project** • **Holds regular meetings to review progress**
Office of Trade and Industry Regional	• **Helps in the identification of potential private sector stakeholders** • **Calls on private sector partners for sensitization** • **Serves on the steering committee** • **Participate in office-to-office discussions with I-Ps and FBP Participates in follow-up and supervision of linkages**
	• **Serves on the steering committee**

Micro and Small-Scale Enterprises Regional	• **Provides small business management and work ethics training** • **Organizes beneficiaries into groups and cooperatives** • **Facilitates market place and linkage for organized groups** • **Provides case management services to organized groups** • **Participates in follow-up and supervision of organized groups**
Office of labor and Social affair	• **Member of the steering committee** • **Provide trainings including life-skill and work ethics** • **Facilitate the beneficiaries' employment with different organizations** • **Advocate for the beneficiaries when they have issues or concerns with their employer organization**
Technical, vocational, education and training (TVET)	• **Build the beneficiaries capacity through different short term trainings** • **Work as one member of the steering committee** • **Give technical support for organized groups and cooperatives**
Mayor's Office Regional	• **Serves on the Steering Committee** • **In some areas, call partners for sensitization workshop** • **In some areas, coordinates office-level discussions** • **Participates in follow-and supervision**
Office of Children, Youth and Women Regional	• **Serves on the steering committee** • **In some areas, participates in providing life skills trainings**

Step 2: Labor Market Engagement

Once I-P and public sector partnerships have been solidified, BWI enters its initial operational phase, stakeholder engagement. In this stage, I-Ps reach out to public and private groups through relevant government partners to facilitate effective referrals from FBP supported health facilities to gainful employment. This step explains the necessary components of effective labor market engagement, listed below.

1) Outreach through the Steering Committee

As mentioned in Step 1, the Steering Committee is a regional organization comprised of public sector stakeholders working with Save the Children and local I-Ps to affect program implementation. One specific responsibility of the committee is initiating labor market engagement. This is executed in three phases:

a) Survey. Implementers work with the Office of Trade and Industry and the Ministry of Health to compile a list of local businesses and Public Sector Organizations (PSO's).

b) Evaluation. Implementers screen local businesses and PSO's, taking into account the size, potential labor demand and location of each candidate. Preference is given to companies with a strong focus on corporate social responsibility (CSR).

c) Invitation. Companies that have a potential for linkage are invited to an introductory "sensitization" meeting to learn about the Back to Work Initiative. Influential public sector partners, such as the Office of Trade and Industry or the Mayor's Office or HAPCO, send invitations to ensure maximum attendance.

2) Sensitization

Sensitization meetings are run by regional I-Ps in conjunction with Save the Children and representatives from HAPCO. The core objective is to expose potential employment linkage partners to the program and to stress the merits of corporate social responsibility. During sensitization, companies learn about the scope of the program, target numbers, benefits and the various pathways for participation. Representatives from HAPCO describe the issues unique to working with PLHIVs, while stressing the social benefits to engaging them in productive employment.

Linkage models: There are three basic models for Labor Market partners to link with the program.

a) Training. When applicable, companies can provide industry specific training, such as knitting or sewing. The trainings are typically held on-site and can be subsidized by BWI if necessary.

b) Direct Employment. Companies are encouraged to commit to hiring FBP graduates in either skilled or unskilled positions based on their operational needs. Companies may need to waive some of their standard hiring criteria for the specific roles although BWI endeavors to provide the necessary skills to the beneficiaries to meet employer's basic requirements.

c) Economic Opportunity. When applicable, companies are encouraged to assist organized groups of beneficiaries with economic opportunities. This can include the provision of waste materials, access to specialized training, access to transportation and access to viable markets.

Agenda of Sensitization Meeting: The sensitization meeting is facilitated by point person from government partner that was the lead on inviting private sector participants, senior IP staff and Save the Children regional point person for BWI. A typical meeting should include the following elements:

a) ***BWI Introduction.*** Implementers present the nature and scope of FBP and BWI to the meeting participants. Focus should be placed on the fact that the ultimate objective is to ensure the sustainability of nutritional gains when clients exit FBP.
b) ***Objectives of program:*** The implementer illustrates the following goals of the program:
    i. To enable USAID/FBP graduated clients to be directly hired in private sectors
    ii. To create work opportunities for USAID/FBP clients
    iii. To return USAID/FBP graduated clients back to previous jobs.
c) ***Making the Case for engaging in BWI:*** Implementers need to make the case for engaging with BWI to the private sector partners. In Ethiopia, the private sector is already highly influenced by government social policy goals however, making a strong case is important to effectively engage the participants. Some of the key messages communicated to make this case include:
    a. **Corporate Social Responsibility role:** to show that the private sector is one of the most crucial components in efforts towards poverty alleviation. One of the central messages should be that "Doing business is making a contribution to society and sharing the burdens of society."
    b. ***Long-term Corporate Financial Returns.*** Implementers should stress the benefits of participation, including image building, improved use of media and advertising, recognition and support from government agencies and, finally, improving sales through general public relations.
d) ***Setting Commitments.*** Implementers share the experiences of other regions and discuss potential opportunities, including direct employment, outsourced works, technical and financial support and scholarship opportunities. Individual participants are then invited to make commitments to engaging in the project based on their specific operational needs/constraints. Before leaving the meeting, volunteering entities fill in a commitment form defining potential nature of their commitment and contact information for follow-up.

3) Follow-Up and Confirmation of Commitments

After the sensitization meeting, the IP's and committees follow up with organizations that completed commitment forms during the meeting. The basic follow up steps include a series of one-on-one meetings with the private entities to flesh out the nature and modalities of the commitment. I-Ps encourage private sector representatives to sign a Pledge Form) committing to linkages in initial stages of the discussion, and eventually a Memorandum of Understanding (MOU), in which the various roles and responsibilities of all parties are clearly explicated. If possible, the I-Ps will receive a Pledge Form during the sensitization meeting and draft an MOU to be agreed upon and signed in high-level, one-on-one meetings with management once all the details have been worked out. The generic roles and responsibilities typically outlined in an MOU are illustrated in table 3, below. These meeting are organized by implementers and, depending on the region, the Ministry of Health, the Office of Trade and Industry and the Mayor's Office.

Table 3: Roles & Responsibilities Stipulated in the MOU

Implementing Partner	• **Establish systems to refer clients from health facilities to economic opportunities in the private sector** • **Identify, orient and refer FBP clients** • **Provide orientation for cooperating companies on nutrition and HIV/AIDS** • **Monitor and supervise the implementation of BWI activities**
Private Sector Partner	• **Ensure the return to work of existing employees** • **Provide additional employment opportunities to recovering FBP clients**

Step 3: Beneficiary Enrollment

This step explains the components of beneficiary enrollment in the Back to Work Framework. Once the private sector capacity in a particular region has been effectively assessed, implementers will initiate a three-phase enrollment process.

1) Referral by Health Unit

The individual Health units implementing FBP programs refer graduating beneficiaries on a rolling basis. In the seven regions where Back to Work is active, there is a current FBP target of 58,630 beneficiaries receiving nutritional support, compared to a countrywide BWI target of 2,000. To ensure that scant resources have the greatest impact, referrals are made on the basis of three criteria including completion of six-months with FBP clinical program, economic need and interest in engaging with the BWI intervention. Selected beneficiaries are then referred to the IP partner for further screening and enrollment in BWI.

2) Screening By NGO - IP

Program Eligibility Due to the vast disparity between the number of expected FBP graduates and the BWI targets, the most crucial screen is need-based. This step is first performed by FBP clinicians, who solicit information related to economic strengthening readiness (Appendix A, E). The number of referrals from the health clinic however remains higher than capacity of BWI to service and the I-P staff conduct a second screening to identify the most eligible clients for enrollment targeting the most needy clients and screening out those who although technically graduated from FBP are still not physically able to engage in BWI activities. The main criteria used for screening are provided in the table below:

Table 3: Beneficiary screening criteria

Category	Selection Criteria
Vulnerability	• **Low household income** • **Single or no alternative sources of income** • **Women headed households** • **Limited access to safety net transfers or remittances** • **Low levels of education**
Capacity	• **Interest in accessing employment/self-employment opportunities** • **Physical capacity to engage in training/employment**

3) Screening by Government partners

Duplication: Once approved for Back to Work services based on need, beneficiaries go through a final screening to ensure that they are not currently receiving benefits from any other government/donor funded program for PLHIV. This step is performed to ensure that scant ES resources are effectively distributed throughout each region. This screening is performed by the aforementioned steering committee (table 2).

Step 4: Capacity Building

The main goal of Back to Work is to augment the FBP program with economic strengthening activities. Due to the extreme health and economic considerations of the beneficiaries, basic life and work skills are provided to every client in order to maximize linkages. BWI provides access to four distinct training opportunities and five pathways to employment. This step describes the general process associated with capacity building.

1) Orientation & Counseling

Due to the nature of the FBP program, beneficiaries will enter BWI with a broad range of health issues and workplace experience. As such, some will require additional services upon intake. Implementers will need to tailor intake programs to deal with this disparity and should include, upon acceptance into BWI, an orientation meeting with all new beneficiaries that fully explains the scope of work of the program and details the services and expectations unique to each region. In some cases this can take the form of psychosocial counseling, in others a simple explanation of the particular attributes of Back to Work.

2) Pathway Selection, Screening for Preference

After I-Ps have screened beneficiaries for need and for eligibility, a brief questionnaire is provided in which beneficiaries are asked which fields they would like to work in. The responses will determine which pathway to employment/economic opportunity is most appropriate for each beneficiary. Information is compiled relating to past work experience, existing skill sets, proximity to opportunities and general interest.

In some regions, I-Ps present alternatives to direct employment, such as the cooperative and outsourcing models. Beneficiaries will be slated into one of five potential pathways (table 4). These pathways will be discussed at greater length in the subsequent section on linkage. This section will focus on the trainings available to beneficiaries.

3) Capacitation

Within the Back to Work framework, there are five distinct pathways to employment (figure 2). Each of these pathways begins with a series of trainings. The model for each is listed below.

Table 4, Pathways to Direct Employment and Work Opportunities

Categories of Training	Potential Sectors
<u>Wage Employment, Skilled Labor</u> **1) Life Skills** **2) Vocational Skills (from educational institutions)**	• Manufacturing

Wage Employment, Skilled Labor **1) Life Skills** **2) Vocational Skills (from the private sector)**	• Manufacturing
Economic Opportunity, Cooperative/Work Opportunity **1) Life Skills** **2) Vocational Skills** **3) Small Business management Training**	• Dressmaking • Knitting • Embroidery • Sewing
Economic Opportunity, Cooperative/Work Opportunity **1) Life Skills** **2) Small Business management Training**	• Food Preparation • Small trading activity
Wage Employment, Unskilled Labor **1) Life Skills**	• Service Industries • Plantations • Manufacturing (low skill jobs)

Detailed descriptions of the specific training components are provided below:

a) Life Skills Training. All beneficiaries receive life skills training, a 2-3 day seminar that focuses on general topics aimed at preparing FBP graduates for the workplace. There is a manual for this training, which allows for adaptation around guidelines to encourage flexibility when working with diverse groups. These guidelines focus on three core components: critical thinking/ decision-making, interpersonal communication and coping/self-management. I-Ps typically provide a per diem and a lunch allowance for trainings. Trainings are provided by implementers and in some cases the office of Children, Youth and Women and typically administered to 25-30 beneficiaries at a time. The training agenda includes:

1. ***Ground Rules.*** Establishing ground rules at the beginning of the training session is critical to the success of the workshop. The rules have to be agreed upon by all the participants so as to foster a safe space and ensure an open, respectful dialogue and maximum participation. To this end, implementers should ask participants to generate their own ground rule and note all the proposed rules on a flipchart. These should be conspicuously posted and referred to throughout the course of the workshop.
2. ***Expectations.*** Participants come to the Life Skills training with their own experiences, concerns and contexts. For training to be effective, participants will

need to adapt new information to familiar situations. Implementers should ask participants to share their expectations for the training and attempt to incorporate these expectations into the training. Like the ground rules, these expectations should be noted on a flip chart and posted prominently. Explain to participants that these expectations will be revisited at the end of the workshop to see if they were addressed during the training and that the explicit goal is for trainees to develop their moral, work, ethics, confidence and life skills from this training.

3. ***Key Components.*** At the beginning of the session, pass out a training manual and introduce the topics that will be covered in the training.

    a. **Critical Thinking Skills/Decision-Making Skills.** This section includes guidance for evaluating the future consequences of present actions and the actions of others. Beneficiaries should be able to determine alternative solutions to problems and analyze the influence of their own values and the values of those around them.
    b. **Interpersonal/Communication Skills.** This section deals with verbal and non-verbal communication, active listening and the ability to express feelings and give feedback. These skills are essential to the acceptance of social norms and provide a foundation for functional social behavior.
    c. **Coping and Self-Management Skills.** In this section, discuss the internal locus of control and the idea that individuals are inherently capable of affecting change on their environment. Anger, grief and anxiety must be addressed in this section and beneficiaries should be equipped with tools to cope with loss and trauma. Stress and time management are key, as are positive thinking and relaxation techniques.

4. **Activities.** To fully explore the concept of life skills and to recognize everyday skills in action, implementers should lead beneficiaries in a series of activities (appendix A-6). These are designed to synthesize and illustrate the skills, content and methods put forth throughout the training.

b) Vocational Training. Vocational skills trainings are extended courses designed to deliver specialized skills directly applicable to specific workplaces. Services vary by region and are largely dependent on private sector demand (Appendix B-1). Topics include sewing, knitting, hairdressing, driving, food preparation, basic computer skills, pottery, weaving and handicrafts. These skills can be delivered by private sector partners or through vocational and technical training centers. Training should be provided to interested beneficiaries only if justified by private sector demand. This demand should be gaged during sensitization meetings. If adequate, implementers should solicit training, scholarships and direct hiring as a component of the MOU.

c) Small Business Management Training. If the opportunity exists, organized groups of beneficiaries will receive additional training for small business management. These groups are often organized by the Office of Micro and Small Businesses to take advantage of economic opportunities such as textile manufacturing and food preparation. Trainings will be developed and coordinated by the same Office of Micro

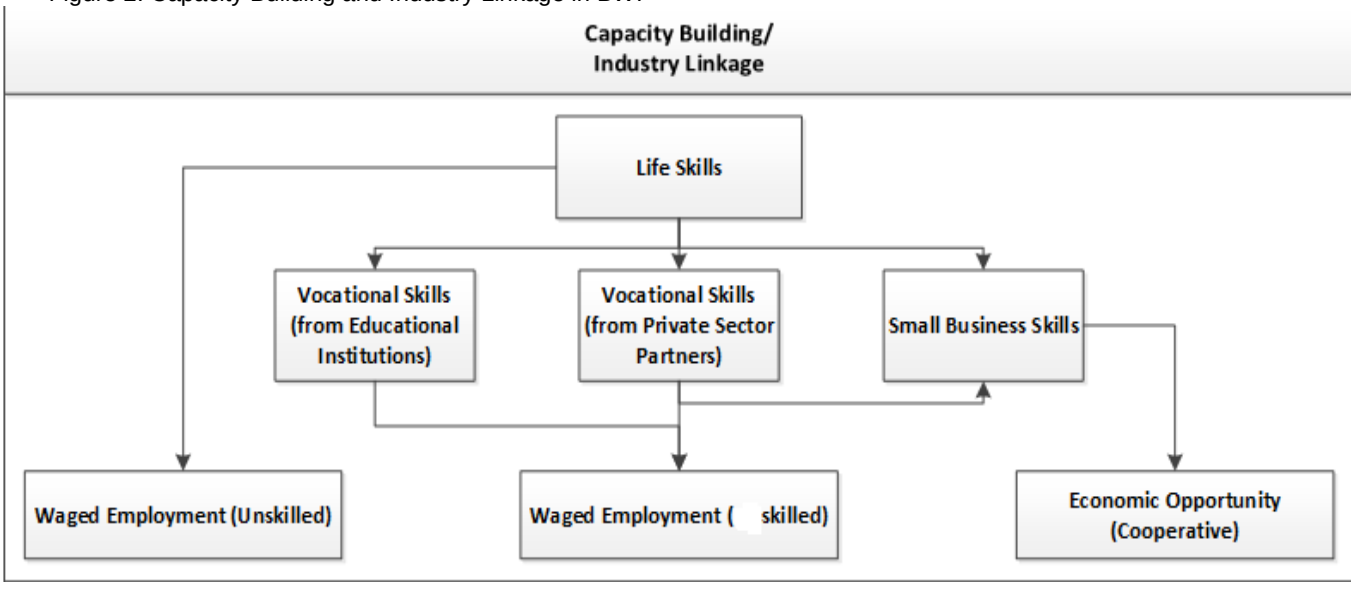
and Small Businesses and include courses in small business management, savings and bookkeeping, and skills necessary to initiate, handle and expand small businesses. For these courses, I-Ps typically provide a per diem and a lunch allowance.

Step 5: Linkage

Once trained, beneficiaries are linked to companies and opportunities based on availability, proximity and preference. Linkage takes two forms, either direct employment or economic opportunity. Direct employment accounts for the majority of linkages. This step describes the steps necessary to effectively link beneficiaries to economic livelihoods.

In this step, implementers negotiate directly with private sector partners to link capacitated clients with direct employment and work opportunities. There are five distinct pathways to employment and work opportunities in the Back to Work Initiative (Figure 2 and table 4). Three link to direct employment, and two to cooperatives/economic opportunities. FBP is still assessing which pathway delivers the most sustainable and significant impact.

Figure 2: Capacity Building and Industry Linkage in BWI



Pathways to Direct Employment
There are two categories of direct employment under Back to Work, skilled and unskilled labor. Skilled labor links to specific tasks in manufacturing plants and requires some technical training, either from an institution or from a private sector partner. Unskilled labor, on the other hand, links beneficiaries directly to employment after Life Skills. Private sector partners include hotels, factories and plantations.

Pathways to Economic Opportunity / Cooperative
The pathway to work opportunities takes one of two similar paths (table 4). After Life Skills training, beneficiaries can choose to either receive some sort of vocational training, followed by small business training, followed by the formation of a coop. This model has been successful in the northern Tigray region and is closely linked to textiles manufacturing. Activities include dressmaking, knitting, embroidery and sewing.

In a second model, beneficiaries receive Life Skills, small business training and can immediately initiate economic activity through cooperative. This model also exists in the north, and has linked beneficiaries to opportunities in food preparation. To date, two cooperatives have been formed to cater to EFFORT cafeterias.

Steps 6 & 7: Case Management and Project Evaluation

After beneficiaries have been linked to employment/economic opportunities, Save the Children and its regional I-Ps provide case management services. These activities vary by region and typically involve periodic check-ins with employers, beneficiaries and cooperatives. This step outlines the actions necessary for effective case management. The Ministry of Health, the Office of Trade and Industry, the Office of Micro and Small-Scale Enterprise and the Mayor's Office all assist implementers with follow up, often in the form of monthly check-ins and periodic program evaluations.

1) Implementers and Private Sector Partners
In order to insure optimal linkage, implementers need to check in with public sector partners on a regular basis. These meetings should be organized to elicit the following information:

a) ***Performance.*** How are the beneficiaries performing in the workforce? Are there noticeable gaps that can be addressed in capacitation?
b) ***Integration.*** How well are the beneficiaries integrating with coworkers? If there are problems, can these be addressed in the life skills training or is this a symptom of broader cultural issues?
c) ***Sustainability.*** Is there potential for increasing linkage? This can take the form of internal advancement or increasing opportunities for FBP graduates.
d) ***Return on Investment***. Does BWI present a tangible return to the private sector partners? What efforts can be made to augment these returns?

2) Implementers and Beneficiaries

a) ***Performance.*** Do beneficiaries feel properly equipped to re-enter the workforce? If not, how can capacitation services be expanded to address gaps?
b) ***Integration.*** Is workforce performance adversely affected by a lack of life skills? What additional tools would be helpful moving forward?
c) ***Sustainability.*** Has enrollment in BWI effectively addressed the fundamental issues addressed by FBP? Do linkages feel like a long-term solution? Is there a perceived opportunity to advance within partnering organizations?
d) ***Return on Investment***. Was enrollment in BWI an effective use of time and resources? Are there additional interventions that would contribute to the experience?

3) Implementers and Public Sector Partners

a) ***Performance.*** Compared to enrollees in other state-sponsored programs, how are the beneficiaries in BWI performing?
b) ***Integration.*** Does BWI satisfy the goals and aspirations of the public sector? As a public health initiative? As an economic strengthening activity?
c) ***Sustainability.*** Is BWI a sustainable solution to the dual public health/ES mandate in Ethiopia? Are there additional interventions that would enhance the program?
d) ***Return on Investment***. Is BWI an effective use of time and resources? Are there additional interventions that would contribute to the experience?

A constant feedback loop should be developed from the above interactions to inform needed implementation adjustments and broader program design adaptations when issues are raised consistently across a spectrum of partners and regions. A key role of national Save the Children BWI staff should be to facilitate regular review and analysis of feedback received through these channels in order to strengthen program implementation and design.

Role of Steering Committees in Sustainability of Back to Work Initiative

The involvement of government partner offices throughout the implementation of BWI is crucial to the immediate and long term success of BWI. The participation and leadership of the relevant offices is organized through the steering committees at the town level. The role of the steering committees and the specific roles of member organizations are highlighted below. The steering committees have primary responsibility for sustained implementation of BWI.

Working jointly with the steering committees does not require significant monetary input, but does rely on the active involvement and cooperation of the member offices. The BWI can be sustained without large financial inputs if the steering committee and its members are committed and actively engage with relevant partners including the private sector. The steering committees should meet on a regular basis. In most cases, HAPCO/Health Office has taken the lead in organizing and leading the meetings.

Overall roles of advisory committee:

- Mapping the potential private & public sectors in the area
- Sensitizing & lobbying the companies about BWI
- Identifying the suitable work opportunities in the companies
- Screening beneficiaries for the available opportunities
- Build the clients capacity through counseling, orientation and short term trainings
- Facilitate and ensure the linkage
- Facilitate market place & finance linkage for organized groups/cooperatives
- Follow up and technical support
- Sustained implementation of BWI

Specific roles of key sector offices	
HAPCO/Health Office	- Takes the overall leading role throughout the implementation - Give counseling and orientation for the beneficiaries from health perspective - Ensure the beneficiaries are getting the necessary trainings and supports - Ensure the clients linkage to the available jobs
Small scale and micro	- Give trainings like small business

enterprises office	management - Organize legalized groups - Facilitate finance and market access for organized groups - Continuous follow up and technical support
Technical, vocational, education and training /TVET/	- Give the necessary short term skill & vocational trainings for the beneficiaries
Labor and social affair office Women, Children and Youth office	- Facilitate & ensure the beneficiaries employment linkage in different companies - Give counseling and trainings like life skill, work ethics….

Appendix

APPENDIX A, FORMS AND TOOLS FOR IMPLEMENTATION

A-1) Economic Strengthening Readiness and Selection Assessment

Name of client in FBP program: _____ Date: _____

Facility: _____

ES SCREENING QUESTIONS FOR CLIENTS:		√		√
1. If client is female, is she head of household?	Yes		No	
2. How is her marriage status:/Divorce/widowed/?	Yes		No	
3. How many children are supported in the household?	less than 3		3, or more	
4. How many people in the household are earning an income including the client?	1 or none		2, or more	
5. How often do you receive financial support (cash transfer, remittance, aid for children, etc.) from your extended family or other organization?	Less than every 2 months		At least every 2 months	
6. Do you live in a rented home?	Yes		No	
7. Are you 15-18 years old and out of school? Not attending regular school.	Yes		No	
8. Is she interested to work in one of the activities?	Yes		No	
TOTAL FOR EACH COLUMN:				

TO BE COMPLETED BY CLINICIAN:

What livelihoods activity is the client doing, or has done in the recent past?

IGA _____ Day laborer/employment _____ Farming _____

Other

_____

Is the client physically/clinically ready to graduate from FBP to ES activities? Yes _____ No _____

Is the client referred to ES services? (Refer if the client has 6 or more in Column 1 above)

No _____ Yes _____

If no, why not?	If yes, which ES activity?
Does not quality for ES _____	IGA _____
Is not ready to graduate _____	Urban Gardening _____
Ready to continue existing ES _____	Savings Group (CSSG) _____
	Back-to-work Initiative _____

Name of clinician conducting assessment: _____ Signature: _____

Name of clinic staff issuing voucher: _____ Signature: _____

Voucher number: _____ Placement: _____

A-2) Implementation Impact Report

Description	Indicators
Output	
Sensitization meeting conducted for partners	# of Sensitization meeting conducted for partners
Clients trained in motivation and industriousness	# of clients trained motivation and industriousness
Clients trained in various vocational skill training	# of clients who took in various vocational skill trainings
Work opportunity created for clients	# of clients engaged in various work opportunity
Direct employment opportunities provided for clients	# of clients directly employed by various private sectors.
Outcome	
Improved economic condition of clients to sustain the nutritional gains	The number of clients whose income significantly increased at the end of the pilot project (core indicator)
	Percentage of BWI Clients who returned to FBP at the end of the pilot project (proxy indicator)

A-3) Monitoring and Evaluation Matrix

Indicators	Specific data required	Source of data	Collection method	Frequency of Reporting
Outcome 1. Improved economic condition of clients to sustain nutritional gains				
The number of clients whose income increased at the end of pilot project.	The baseline data on the income level of clients The post intervention income level of clients	- Baseline data -Clients response	-Document review -Interview Schedule	Semester
Percentage of BWI Clients who returned to FBP program at the end of the pilot project.	Total number of BWI clients # of BWI beneficiaries returning to FBP program	- Health facilities record -BWI referral sheet	-Document review	Semester

Output 1. Sensitization meeting conducted for partners				
# of Sensitization meeting conducted for partners	Meetings organized	Meeting minutes	Document review	Quarterly
Output 2 Clients trained in motivation and Work ethics				
# of clients trained in motivation and work ethics.	List of clients who attended the training	Attendance of the participants	Document review	Quarterly
Output 3. Clients trained in vocational skill training				
# of clients trained in vocational skill at the end of the pilot project	List of clients that attended the training	Attendance of the participants	Document review	End of the project
Output 4. Work opportunity created for clients				
# of clients engaged in various work opportunity.	List of clients engaged in various work opportunity	Private sectors' record	Document review	End of the pilot project life
Output 5. Direct employment opportunities provided for clients				
# of clients directly employed by various private sectors	List of clients directly employed by private sectors	Private sectors' record	Document review	End of the pilot project life

Back to Work Initiative Client Referral Format

1. Health Facility Name:
   _____
   _____
2. Client Name:
   _____
   _____
3. Age: _____ Sex: _____
4. Marital status: _____
5. Family Size: _____
6. Address/City/: _____ sub city: _____
   District: _____
7. Phone/House/ _____ Mobile:
   _____
8. Education level:
   _____
9. Job Experience /In years/:
   _____
10. Type of job the client worked previously:
    _____
11. Name of the organization:
    _____
12. Type of job the client currently engaged in:
    _____
13. Additional skill if the client has:
    _____
    _____
    _____
14. Monthly income in average:
    _____
15. Is the client willing to engage in different economic strengthening activities?
    _____
    _____
16. Additional information, if there is:
    _____
    _____

Name of health professional:

_____

Sig.: _____ Date:

_____

Name of case manager who filled the form:

_____

Sig.: _____ Date:

_____

Referral card Number:

_____

A-5) ES Supervision Checklist
Name of client _____
Date of entry to a program_____
Name of Health facility referred_____
Address – Region _____ City/Town_____ Woreda _____
Telephone,
Office_____Mobile_____
Name of the IP _____Responsible person ___-_____

No.	Check list	Before	After	Remarks
1	What is the size of your family? Do you have children's? Are you sending your children to school			
2	What looks like your health status and weight change?			
3	What support do you get so far? Training/money			
4	What is current livelihood/ES activity involved?			
5	What is the average income change since intervention?			
6	What are the changes you observed in your life/family since supported?			
7	What is the family nutritional status?			
8	Client voice/comments /challenges?			

A-6 Pledge form

USAID/Food by Prescription program

Pledge form for Back to Work

If your organization is devoted to support the Back – to- Work initiative, please fill in the following form to show your commitment:

Name of the organization: _____

Organizational business: _____

Address: City/town _____Woreda _____ Kebele _____

Tel: _____ Fax: _____

P.O.Box: _____ Email: _____

Available work opportunities: 1. _____

2. _____

3. _____

4. _____

5. _____

Additional comment: _____

_____

_____

Contact person

Name: _____

Position: _____

Office phone; _____

Cell phone: _____

Email: _____

A-6 Life Skills Activities

Activity LS -1

a) Process. Invite the participants to sit in a circle. Ask them if they have heard of the term “life skills”? What do they know about it? Explain that all of us possess certain skills that allow us to live our lives. For example, the skill to write, work with others or make a decision. Pass out one flash card to each participant, and ask him/her to write the most important skill he/she possesses. Allow the participants 5 minutes to do this exercise.

- Invite the participants to display their cards on the floor. Ask them to group similar cards.
- Ask if the cards represent most of the skills required for leading a healthy and productive life. If not, ask them to add the remaining skills.
- While the participants are busy doing their work, prepare three flash cards with the headings – “All of us have”, “Some of us have” and “None of us have”.
- After the participants finish writing and grouping the flash cards, ask them to arrange the flash cards in a horizontal line on the floor.
- Place the three cards, which you have prepared, in a vertical line next to the horizontal line of cards. Once this is done, you should be able to draw a matrix of rows and columns on the floor.

You should have 4 rows and as many columns as there are skill cards. Now, ask the participants to start from the top and fill the matrix. Move from the left to the right. Once the matrix is complete, ask the participants to discuss the reasons for its outputs. For example, why is it that only some people have certain skills, and why are certain skills absent?

- Request volunteers to copy the matrix on a chart, and put it up on the wall.
- Summarize and close the discussion by using the definition of life skills.

Life skills" are defined as psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others.

b) Expected Outcomes. Participants will understand why life skills are critical for a healthy and productive life.

Activity LS -2

a) Process. Ask the participants to take the matrix chart off the wall, and place it on the floor. Invite the participants to divide into three groups – communication/interpersonal skills group, decision-making/critical thinking skills group and coping/self-management skills group. Ask the three groups to look at the matrix and record the skills pertaining to their group.

Explain the task to the groups as follows:

- Discuss and list the benefits of possessing the life skills that have been noted by each group
- Discuss and list the problems one would face if s/he did not have these life skills?
- Ask the three groups to sit in three different locations.
- Give them flip charts and markers. Allow 30 minutes to do this exercise.
- Invite the groups to display their work and make presentations.
- Encourage discussion and cross questioning in the groups.
- Summarize and close the exercise by emphasizing the importance of life skills.

Appendix B, Back to Work Partners

B-1) Sample Private Sector Partners, By Region

Region	Private Sector Partners	
Amhara	Acqua Bilen Water	Fuabel Powder Production
	Africa Service, Kombolicha	Jerusalem Urban Agriculture
	Afrotsion	Kombolicha G&T
	Ashref Food Processing	Kombolicha FBI Church
	Bahir Dar Water Pipe Factory	Kombolicha Metal Eng.
	BGI Beer	Land Mark
	Dashen Brewery	Moha Soft Drinks
	Debre Birehan Blankets	OIC Ethiopia, Kombolcha
	Debre Birehan Metal Eng.	Tana Mobile, PLC
	Debre Markos Food Processing	Taye Molla
	Dessie Spring Water	Tikur Abay PLC
	DKT Business Center	Tiret
	Fasika Hotel	
	Florida	
	FLOURA	
East Oromiya (Adama)	Acos Ethiopia	ETUR Textile
	Adama Ag. Machinary	Merara Food Complex
	AWFAT Flour	Nuredin Husen
	Aynage Flour	Qiyi Wei Metal
	Bekas Chemical	Rediet Flour
	Bekelcha Transport Co	She.ci-Hu Flour
	Bereket Flour	Shitaye Solomon
	Demis PP Keretit and Plastic	Yisalemush Tekile Flour

Region	Private Sector Partners	
	ELSE Textile	
East Oromiya (Asella)	Arsi Katar Flour Factory	Derartu Hotel
	Asella Four Factory	Kenenisa Hotel
	Asres Abay Hotel	Kifle Hotel
	Barihe International Hotel	Soljam Hotel
	Chilalo Flour	
East Oromiya (Bushoftu)	Ada Flour and Pasta	Genesis Farm
	Alema Cow Days	Get Eshet Soap and Detergent
	Dutch Furniture	GG Garment
	Elphorapoltury & Slaughter	Holand Daairy
	Ethio American Pharmacutical	Zikuala Steel
East Oromiya (Dire Dawa)	Diredawa Textile	Triangle Hotel
	Food Complex	Ture Cement
	Lucy College	Yes Driving Center
	Riftvalley College	
East Oromiya (Modjo)	Ahimed Dela Food Complex	Gelan Tannery
	Colba Tannery	Luna Slaughter House
	Farida Tannery	Modjo Flour
	Friendship Tannery	Modjo Leather
Tigray	Maichew particle board factory	Sheba leathers
	Mesebo building material factory	Adigrat pharmaceuticals factory
	Trans Ethiopia share company	Beruhe tesfa plastic factory
	Sur construction company	Almeda Textiles
	Guna trading	
	Ezana mining	
SNNPR	Hawassa University	Tabore ceramic factory
	Arbaminch University	centeral hotel

Region	Private Sector Partners	
	Dilla University	Jitu Horticulture
	Dilla TTC	Green Park
	Wolayita sodo University	
	PP plastic industry factory	
	Hawassa textile factory	

B-2) Implementing Partners

- ***DNP+***

The Network of HIV Positive People Associations in Dire Dawa (DNP+) is a non-profit, non-religious organization, formed in 2009 to address the prevention and control of HIV/AIDS. The primary goal of DNP+ is to improve living conditions and health for PLHIVs and to ensure the sustainable development of all social and economic efforts. DNP+ has a proven track record in ES implementation. In the past three years, it has provided business management training to hundreds of clients, vocational training to almost 300 and private sector linkages to over 780.

- ***HIDA***

The Hiwot Integrated Development Association (HIDA), works primarily to curb the spread of HIV/AIDS in Addis Ababa. HIDA is currently active in the ten sub-cities of Addis, with more than 60 fulltime staff members and over 650 volunteers. In the past 14 years, the organization has worked with nearly 30,000 PLHIVs. Of these, 615 were FBP graduates.

- ***MENA***

The Mekdim Ethiopia National Association of PLWHA and AIDS Orphans (MENA), was established in 1996 by three PLHIVs. Today, the organization has over 7,500 members, roughly 74% PLHIV and 26% AIDS orphans. Current programs focus on HIV prevention through the diffusion of health information and the broad delivery of ES activities, including skills training and education. MENA's Adama and Jimma offiers are working as Implementing Partners in East Oromia and Jimma.

- ***Mums for Mums***

Mums for Mums is dedicated to working with marginalized sectors of the Ethiopian economy. Services include skills training, career guidance, family planning counseling and general education. Mums for Mums is an active I-P for BWI throughout Tigray.

- ***NAP+***

The Network of HIV Positive Associations in Amhara (NAP+) is a regional networking forum organized around a collective goal of seeing an HIV/AIDS-free Ethiopia. The group was formed in 2005 and today has nearly 134 members. NAP+ is primarily an advocacy group, and efforts are essentially focused on developing programs and policies to improve the quality of life for PLHIVs in the region. Activities include advocacy, awareness raising, capacity building, resource mobilization and networking.

- ***NOSAP+***

The Network of South Region Associations of HIV Positive People (NOSAP+) is a consortium of PLHIV associations in southern Ethiopia. There are currently 98 members, organized under the shared mission of coordinating HIV/AIDS prevention. As a BWI I-P, NOSAP+ has committed to working with 300 PLHIVs over the course of six months.

Appendix C, Success Stories

Back to Work has been embraced broadly in short period of implementation, but the strongest linkages have been in the northern Tigray region. Success in the north is largely due to strong ties with companies associated with the Endowment Fund for the Rehabilitation of Tigray (EFFORT). The Tigray People's Liberation Front (TPLF) established EFFORT in the mid-1990s. Its corporate policy is still directed by senior members of the TPLF, and the group now owns 16 companies, with interests in industrial, mining, construction, agro-processing, trade and service sectors. Due to this intimate relationship between EFFORT and the regional government, private sector outreach and eventual linkage has been very successful. The following testimonials are provided by Save the Children and illustrate some of the private sector experience in Tigray.

Almeda Textiles (ALTEX)

Almeda Textiles, PLC (ALTEX) is a garment manufacturing company located 7 km from the city of Adwa, on the road to Axum. ALTEX is an EFFORT company, formed in 2000, and produces woven and knitted products from raw materials. According to top management, the primary goal of ALTEX is eradicating poverty through economic development. As such, the human resources (HR) department was receptive to an invitation from USAID/FBP to attend a workshop in Wukiro with other private sector stakeholders.

ALTEX HR liked what they heard at the sensitization meeting and invited Mums for Mums to the factory to speak in more detail about future engagement. During this meeting, ALTEX and Mums spoke in detail about how to progress. They discussed two pathways to employment, direct hiring and economic opportunity. Ultimately, an MOU was signed, agreeing that ALTEX would commit to the following:

- Provide necessary technical training

- Support trainees with subsidized working materials such as cotton and fabric
- Consult beneficiaries about production marketing and product distribution
- Develop market linkages

As a result of this commitment, two cooperatives were formed. At the time, Rishan Tesfaye, the accountant for the Axum coop, told Save the Children that, “the environment is very encouraging. After we finish the training, we will work as a group, till now we have saved 50,000.00 Birr.” The Axum and Adwa coops are nearly one year old and seem to be doing well. Both beneficiaries and executives from ALTEX are committed to pursuing the model.

SABA Limestone

SABA Limestone is another EFFORT company, located just outside of Adwa. Like ALTEX, SABA has a strong history of CSR. The HR department works on teaching prevention and providing support to afflicted employees. The staff is compelled to support these efforts as well, and 0.05% of everyone’s monthly salary in contributed to a relief fund managed by an employee-run HIV committee.

SABA, like ALTEX was invited to a sensitization meeting by USAID/FBP via the Regional Health Office. The management team was responsive to the concept and invited the I-P staff back to the factory for more detailed conversation. After speaking, SABA management signed an MOU agreeing to provide direct employment as well as economic opportunities.

In this case, economic opportunity took the form of a catering project, a coop responsible for supplying the cafeteria with all its necessary food items. Direct employment was made available with initial custodial jobs and the potential allocation of more demanding positions.

For both the SABA and ALTEX coops, FBP and Mums for Mums organized clients into two groups and facilitated preliminary efforts to capacitize them as a coop. To this end, they provided group trainings on work ethics, entrepreneurship and small business training. These trainings have proven effective, and both groups seem wholly engaged in maintaining activities after BWI ends.